

Discharge Exam Highlights: He would sleep intermittently and then when awake and become agitated and angry. However he was cooperative with most cares when talked to down. No tremor or focal neurologic deficits. Some auditory hallucinations ongoing. Lungs clear, heart regular. Skin with scars from prior self-harm but nothing recent.

DIAGNOSTIC HIGHLIGHTS:

White count 6.8, hemoglobin 13.3, platelets 230, normal white differential
Sodium 139, potassium 3.4, chloride 103, BUN 29, creatinine 1
LFTs unremarkable except AST slightly above normal at 6
Salicylates normal range
Acetaminophen and alcohol undetectable, positive marijuana drug screen

[EKG:]

At time of admission

Sinus tachycardia. Ventricular rate 101. PR interval 176. QRS duration 110. QTC 477.

DISPOSITION:

Transfer to Avera behavioral health by ambulance as he was not safe to travel alone with his active schizophrenia

F/U with PCP: Dr. Johnston after released from psychiatric facility

Explanation of New/adjusted/stopped meds:

Here he has been on Ativan 1 mg 3 times daily scheduled while awake and not lethargic and also 1-2 g IV every 2 hour as needed

Home medication list was reconstructed to the best of our availability although patient has been noncompliant with some medications:

It appears he has been compliant at least with

Venlafaxine to 25 mg daily

Gabapentin 600 mg 3 times daily

Bupropion XL 300 mg daily and intermittently takes clonidine 0.1 mg 3 times daily

Clonidine 0.1 mg 3 times daily was last filled 10/18

Appears to have been noncompliant with Dulera, loratadine and never filled his in Vega 156 mg IM every 4wk injection prescribed in September

Discharge Meds (Free Text)

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